

PERSONNEL ACTION

FOR USE OF THIS FORM, SEE AR 600-8-6 AND DPA PAM 600 –8-21; THE PROPONENT AGENCY IS ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: TITLE 5 SECTION 3012; TITLE 10, USC, E.O. 9397.
PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).
Routine Uses: To initiate the process of a personnel action being requested by the soldier.
Disclosure: Voluntary, Failure to provide social security number may result in delay or error in processing the request for Personnel action.

1. THRU (Include ZIP Code)
COMMANDER
VICTORY BRIGADE
3330 Magruder Ave
FORT JACKSON, SC 29207

2. TO (Include Zip Code)
Commander, AHRC
ATTN:
200 Stovall Street
Alexandria, VA 22332

3. FROM (Include Zip Code)
Commander
USASD
3330 Magruder Ave.
Fort Jackson, SC 29207

SECTION I – PERSONNEL IDENTIFICATION

4. NAME (Last, First, MI)

5. GRADE OR RANK/PMOS/AOC

6. SOCIAL SECURITY NUMBER

Section II – DUTY STATUS CHANGE (AR-600-8-6)

7. The above soldier's duty status is changed from _____ to _____
_____ effective _____ hours, _____

Section III – REQUEST FOR PERSONNEL ACTION

8. I REQUEST THE FOLLOWING ACTION: (check as Appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On the Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering for Overseas Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave – Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Encl only)	<input type="checkbox"/> Officer Candidate School	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	<input checked="" type="checkbox"/> COMBAT ACTION BADGE

9. SIGNATURE OF SOLDIER (When Required)

10. DATE (YYYYMMDD)

SECTION IV – REMARKS (applies to Sections II, III, and V) (Continue on Separate sheet)

- REQUEST THAT SFC JOHN E. DOE BE AWARDED THE COMBAT ACTION BADGE FOR PERSONALLY (ENGAGING OR BEING ENGAGED BY) THE ENEMY.
- THE FOLLOWING INFORMATION IS PROVIDED:
 - DATE OF INCIDENT
 - LOCATION OF INCIDENT
 - SEE NARRATIVE

SECTION V – CERTIFICATION/APPROVAL/DISAPPROVAL

11. I CERTIFY THAT THE DUTY STATUS CHANGE (Section II) or that the request for personnel action (Section III) contained herein –

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DIS APPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14 DATE (YYYYMMDD)

FROM: DMS MILITARY AWARDS BR (uc) –

- A. AR-600-8-22, MILITARY AWARDS DATED 25 FEB 95
- B. HQDA LETTER 600-05-1, CHANGES TO THE COMBAT INFANTRYMAN BADGE AND THE COMBAT MEDICAL BADGE AND THE ESTABLISHMENT OF THE COMBAT ACTION BADGE, DATED 3 JUN 05.
- C. DMS MESSAGE, SUBJ: COMBAT ACTION BADGE (CAB) – PROCESSING PROCEDURES, DATED 3 JUN 05
- D. DA MEMO 600-8-22, AWARDS OF THE LEGION OF MERIT AND LESSER AWARDS FOR SERVICE, ACHEIVEMENT, OR RETIREMENT DURING PEACETIME, DATED 9 JUL 01.

THE CRITERIA FOR THE CAB REMAINS ARE AS FOLLOWS:

- A. MAYBE AWARDED TO ANY SOLDIER.
- B. SOLDIER MUST BE PERFORMING ASSIGNED DUTIES IN AN AREA WHERE HOSTILE FIRE PAY OF IMMINENT DANGER PAY IS AUTHORIZED.
- C. SOLDIER MUST BE PERSONALLY PRESENT AND ACTIVELY ENGAGING OR BEING ENGAGED BY THE ENEMY, AND PERFORMING SATISFACTORILY IN ACCORDANCE WITH THE PRESCRIBED RULES OF ENAGAGEMENT. (FOR THE PURPOSE OF AWARDING THE CAB, ATTACKS BY MORTARS, ROCKETS, ROCKET PROPELLED GRENADES, IMPROVISED EXPLOSIVE DEVICES, SUCIDE BOMBERS, OR OTHER PROJECTILES QUALIFY FOR THE BADGE.)

REQUEST FOR COMBAT ARMS BADGE SHOULD BE SUBMITTED ON A DA FORM 4187 AND MUST INCLUDE THE FOLLOWING:

- 1. DEPLOYMENT ORDERS
- 2. COPY OF THE SOLDIER'S OFFICER RECORD BRIEF (ORB)
- 3. ENLISTED RECORDS BRIEF (ERB)
- 4. DA FORM 2-1
- 5. A NARRATIVE DESCRIPTION OF QUALIFYING INCIDENT
- 6. CERTIFIED COPY OF DD FORM 214 (IF APPLICABLE)
- 7. SUPPORTING DOCUMENTATION (EXAMPLES INCLUDE) OFFICIAL UNIT REPORTS, CASUALTY REPORT, LINE OF DUTY INVESTIGATION, TWO OR MORE EYE WITNESS STATEMENTS FROM SOLDIERS WHO PARTICIPATED IN SAME GROUND COMBAT ACTION, OR PREVIOUSLY AWARDED PURPLE HEART ORDERS (IF APPLICABLE).